

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +2.4% 8-1-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	4,301,449	+2.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: applies to all territories/classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
 Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Accident Fund General Insurance Company

Name of Company

Fawn Dunbar, Actuarial Analyst

Official - Title

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

RECEIVED

APR 15 2009

IDFPR (MPS)
DIVISION OF INSURANCE
SPRINGFIELD

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +2.4% 8-1-09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	50,080,369	+2.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: applies to all territories/classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
 Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

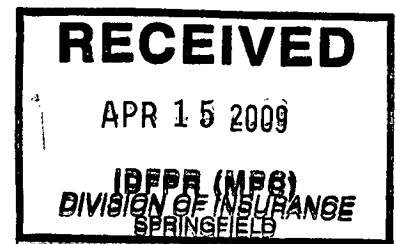
Accident Fund Insurance Company of America
Name of Company

Fawn Dunbar, Actuarial Analyst
Official - Title

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS



ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +2.4% 8-1-09

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	7,777,761	+2.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: applies to all territories/classes

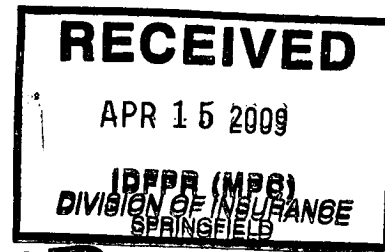
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
 Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Accident Fund National Insurance Company
Name of Company

Fawn Dunbar, Actuarial Analyst
Official - Title



FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective August 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$133,392	+ 2.5%
16. Other		
Line of Insurance		

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Automobile Insurance Company

Name of Company,

William S. Pavlovitz

Senior Vice President — Chief Compliance Officer

Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$4,868,262</u>	<u>+2.2</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 4-1-09 NCCI law only filing effective 11-1-09.Correction of Effective Date

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISAmerican Economy Insurance
Company

Name of Company

*Eric B. Ummel*Eric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

H29219D

FILED

DEC 01 2009

SUMMARY SHEET

Form (RF-3)

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Change in Company's premium or rate produced by rate revision effective December 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$266,538	+2.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting NCCI's April 1, 2009 loss costs adjusted by our loss cost multipliers. Multipliers are 1.985 for the hardware class 8010, 1.898 for wholesale class 8018, 1.812 for Implement Dealers class 8116 and 2.400 for all other classes of business.

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

American Hardware Mutual Ins. Co.
Name of Company

Evelyn Bachman, Filing/Manual Coord.
Official - Title

H29219D

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective August 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$3,190,406	+ 2.5%
16. Other		
Line of Insurance		

FILED
AUG 01 2009
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

The American Insurance Company

Name of Company

Senior Vice President – Chief Compliance Officer

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$5,150,732</u>	<u>+2.2</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 4-1-09 NCCI law only filing effective 11-1-09.Correction of Effective date

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

NOV 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISAmerican States Insurance
Company

Name of Company

Eric B. UmmelEric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective August 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$49,869	+ 2.5%
16. Other		
Line of Insurance		

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Associated Indemnity Corporation

Name of Company

William S. Pavlovitz

Senior Vice President - Chief Compliance Officer

Official — Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective: July 1, 2009

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Worker's Compensation	51,000,000	0.0%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: _____

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
We are adopting NCCI's 01/01/2009 rates and modifying our company specific rate deviations.

Due to our deviations, the overall impact will be 0.0%.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which
will result from application of new rates.

COUNTRY Mutual Insurance Company

Name of Company

Richard A. Smith

Richard A. Smith

Chief Property/Casualty Actuary

Official and Title

FILED

JUL 01 2009

**STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS**

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective August 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$721,884	+ 2.5%
16. Other		
Line of Insurance		

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

Fireman's Fund Insurance Company

Name of Company

*William S. Paukowitz*Senior Vice President – Chief Compliance Officer

Official — Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$3,800,065</u>	<u>+2.4</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 4-1-09 NCCI law only filing effective 11-1-09.Correction of Effective date

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILEDNOV 01 2009 *Eric B. Ummel*STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISFirst National Insurance Company
of America

Name of Company

Eric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11-01-2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$1,780,314</u>	<u>+2.2</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 4-1-09 NCCI law only filing effective 11-1-09.Corrected Effective Date

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will
result from application of new rates.General Insurance Company of
America

Name of Company

FILED*Eric B. Ummel*

NOV 01 2009

STATE OF ILLINOIS
DEPT. OF REVENUE
SPRINGFIELD, ILLINOISEric B. Ummel
Vice President, Commercial Lines
Product Management

Official - Title

H29219D

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rates filed effective August 1, 2009.

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u> Life of Insurance	777,704	+11.6%

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt the NCCI current loss cost and revise the company loss cost multipliers to a single multiplier.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa American Insurance

Name of Company

Beverly Barber - Compliance

Official - Title

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

FILED

SUMMARY SHEET

AUG 01 2009

Change in Company's premium or rate level produced by rate revision
 effective August 1, 2009

STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 SPRINGFIELD, ILLINOIS

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damag Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	3,339,505	+11.6%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify:

N/A

Law only Filing

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

Adopt the NCCI current loss cost and revise the company loss cost multipliers to a single multiplier.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

Iowa Mutual Insurance

Name of Company

Beverly Barber - Compliance

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective August 1, 2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$2,961,064	+ 2.5%
16. Other		
Line of Insurance		

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify _____

NO

Brief description of filing (if filing follows rates of an advisory organization, specify organization) _____

Filing to Adopt NCCI's Approved Loss Cost Change, Circulars IL-2009-01 and IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

National Surety Corporation

Name of Company

William S. Paukovitz

Senior Vice President – Chief Compliance Officer

Official — Title



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2009

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>6,232</u>	<u>-27.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Filing applies to all classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Transition from NCCI rates to NCCI Loss Costs; initial submission of LCM; adoption of NCCI Law-Only loss costs from circular IL-2009-03

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Sompo Japan Fire & Marine
Insurance Company of America
Name of Company

Sheila Barclift, State Filings Mgr.
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 08/01/2009

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>1,791,654</u>	<u>-24.8%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Filing applies to all classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Transition from NCCI rates to NCCI Loss Costs; initial submission of LCM; adoption of NCCI Law-Only loss costs from circular IL-2009-03

* Adjusted to reflect all prior rate changes.

** Change in Company's premium level which will result from application of new rates.

FILED

AUG 01 2009

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOISJapan Insurance Company of
America
Name of CompanySheila Barclift, State Filings Mgr.
Official - Title

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective +2.4% 8-1-09

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u> Line of Insurance	51,915,150	+2.4%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: applies to all territories/classes

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Law only Filing
Adopt loss costs per NCCI circular IL-2009-01 effective 8/1/09 for new and renewal policies only.

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new rates.

United Wisconsin Insurance Company

Name of Company

Fawn Dunbar, Actuarial Analyst

Official - Title

FILED

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